FORM D

1212568

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL OMB Number: 3235-0076 Expires: December 31, 1996 Estimated average burden hours per response. . . . 16.00

SEC USE ONLY							
Prefix	Serial						
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•	this is an amendment and name has changed, and i ive Growth, LLC	ndicate change.)	Marine .
Filing Under (Check box(es) that	apply): 🗀 Rule 504 🗀 Rule 505 🗀 Rule 50	6 XX Section 4(6) X ULOE	
Type of Filing: New Filing	☐ Amendment		
	A. BASIC IDENTIFICATION DAT	Α	
1. Enter the information requests	والمستراب والمراكز والمراجع		
	is is an amendment and name has changed, and indi ive Growth, LLC	cate change.)	
Address of Executive Offices 2702 Abbey Cour	(Number and Street, City, State, Zip Codert, Alpharetta, GA 30004	Telephone Number (Including Area Code) 678–393–9796	
Address of Principal Business Of (if different from Executive Office	perations (Number and Street, City, State, Zip Code ces)	Telephone Number (Including Area Code)	
Brief Description of Business  Securities invest	ment and trading	02068354	_
Type of Business Organization Corporation business trust	☐ limited partnership, already formed ☐ limited partnership, to be formed	A other (please specify): Limited Liability Company	
Actual or Estimated Date of Inco Jurisdiction of Incorporation or	orporation or Organization:  Month Year  1 2 0 2  Organization: (Enter two-letter U.S. Postal Service a  CN for Canada; FN for other foreign	opteviation for State:	— ROCESSED <del>J</del> AN 0 3 2003
GENERAL INSTRUCTIONS		,	
Federal: Who Must File: All issuers making et seq. or 15 U.S.C. 17d(6).	g an offering of securities in reliance on an exemption t	under Regulation D or Section 4(6), 17 CFR 230.	THOMSON <b>FINANCIAL</b>
the U.S. Securities and Exchange	filed no later than 15 days after the first sale of secure Commission (SEC) on the earlier of the date it is reduce on which it is due, on the date it was mailed by University	eccived by the SEC at the address given below	or,

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. X Promoter X Beneficial Owner X Executive Officer X Director X General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Bottoms, James F. Business or Residence Address (Number and Street, City, State, Zip Code) 2702 Abbey Court, Alpharetta, GA 30004 X Beneficial Owner X Promoter ☐ Executive Officer ☐ Director S General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Gravity Partners, LLC (Number and Street, City, State, Zip Code) Business or Residence Address 2500 Northwinds Parkway, Suite 475, Alpharetta, GA Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address

-				B. IP	FORMA	TION ABO	UT OFFE	RING				<del></del>	
		.144.							-66:2		····	Yes	No
I. Has I	the issuer s	old, or do								• • • • • • • • •			X
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2. What	is the imi	minam my	estment th	at will be	accepted 1	IOIII AIIY II	ildividuai :						
3. Does	the offeri	ng permit j	joint owne	rship of a	single uni	it?				,,,,,,,,,		Yes OX	No
sion o to be list th	or similar r listed is an he name of	nation requestion associated the broke may set for	on for solic d person o r or dealer	itation of programmer in the second of the second in the s	purchasers a broker o than five (	in connect or dealer re (5) persons	ion with sa gistered w to be liste	les of secur ith the SEG d are associ	rities in the and/or v	offering.	If a person or states,	l ·	
Full Name	(Last nan	ne first, if	individual	)		<del></del>	<del></del>						
None													
Business o	or Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)		-				
Name of a	Associated	Broker or	Dealer										
States in 1	Which Pers	son Listed	Has Solici	ted or Int	ends to Sc	olicit Purch	lasers					· · · · · · · · · · · · · · · · · · ·	
(Check	"All State	s" or chec	k individu	al States)								□ All :	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	[ ID ]	]
[IL]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[ MS ]	[MO	]
[MT]	[ NE ]	[NV]	[NH]	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[ RI ] Full Name	[ SC ] e (Last nai	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ PR	<del></del>
								<del></del>	<del> </del>	<del></del>	<del> </del>		
Business of	or Residen	ce Address	(Number	and Street	t, City, Sta	ate, Zip Co	ode)						
Name of	Associated	Broker or	Dealer					· _ · · · · · · · · · · · · · · · · · ·					
States in	Which Per	son Listed	Has Solic	ited or Int	ends to So	olicit Purch	nasers		<del></del>				
(Check	"All State	s' or chec	k individu	al States)								□ All	States
[AL]	[AK]	[ AZ ]	[AR]	[CA]	[CO]	[CT]	[ DE ]	[DC]	[ FL ]	[GA].	[ HI ]	[ ID	]
[ IL ]	[ IN ]	[ IA ]	[ KS ]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO	
[MT] [RI]	[ NE ] [ SC ]	[NV] [SD]	[NH] [TN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	(OR)	PA]	
		me first, if		[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ PR	<u> </u>
run Nam	ic (Last lia	me mst, n	morvidua	1)									
Business	or Residen	ce Address	(Number	and Stree	t, City, St	ate, Zip C	ode)			<del></del>			
Name of	Associated	Broker or	r Dealer			·		· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>			
States :-	Which De-	con Lista	Una Call	itad on In-	ands to C	oliois Dece-	hnee	······································			<del> </del>		
		rson Listed					HASEFS					[ A II	States
[AL]	All State	es'' or ched [AZ]	[AR]	[CA]	[CO]	[CT]	{DE}	[DC]	[FL]	[GA]	[ HI ]	□ All [ID	
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
TRIA.	(SC)	1.023	(TN1	(TX)	(TIT)	(VT)	IVAI	rw a 1	rwvi	rwri	rwvi	1 DD	

-}-	C. OFFERING PRICE, NUMBER OF INVESTORS, EARLINES AND 1035	DE L'HOUCEAU	3	<del></del>
al ch	nter the aggregate offering price of securities included in this offering and the total amount tready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, neck this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Debt	\$		\$
	Equity	\$		<b>S</b>
	☐ Common ☐ Preferred	•		
	Convertible Securities (including warrants)	\$		<b>S</b>
	Partnership Interests	\$		\$
	Other (Specify Membership Interests )	<u>500,0</u>	<u>00</u> *	<u>s0</u>
	Total	5 500,00	<u>00</u> *	<u> </u>
	Answer also in Appendix, Column 3, if filing under ULOE.	um offeri	ng -	- no maximur
o c	Enter the number of accredited and non-accredited investors who have purchased securities in this affering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	<del></del>		s <u>-0-</u>
	Non-accredited Investors			\$ <u> </u>
	Total (for filings under Rule 504 only)		<u>_</u>	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
ti	f this filing is for an offering under Rule 504 or 505, enter the information requested for all securies sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior o the first sale of securities in this offering. Classify securities by type listed in Part $C$ - Question 1.			<b>.</b>
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			s
	Total			\$
s 7	Expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
-	Transfer Agent's Fees			s0
	Printing and Engraving Costs			s 0
	Legal Fees			5 5,000
	Accounting Fees		Œ	s 2,000
	Engineering Fees			s 0
	Sales Commissions (specify finders' fees separately)			s 0
	Other Expenses (identify) Miscellaneous			F00

X \$ 7.500

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND	USE	OF PROCE	EDS	
	D. Enter the difference between the aggregate offer ion 1 and total expenses furnished in response to 4 adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference is	s the		\$	492,500
	Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in	nt for any purpose is not known, furnise. The total of the payments listed must	sh an equal		10	
				Officers, Directors, Affiliates	&	Payments To Others
	Salaries and fees		□ <b>S</b> .		□ \$	
	Purchase of real estate		□ <b>\$</b> .			
	Purchase, rental or leasing and installation of r	machinery and equipment	□ <b>\$</b> .			
	Construction or leasing of plant buildings and	facilities	□ <b>\$</b> .			
	Acquisition of other businesses (including the voffering that may be used in exchange for the aissuer pursuant to a merger)	assets or securities of another	□ <b>\$</b> .			
	Repayment of indebtedness		□ \$.			
	Working capital	· · · · · · · · · · · · · · · · · · ·	□ <b>\$</b> .		□ \$	
	Other (specify): Investment in se	ecurities	□ <b>\$</b> .	492,50	<u> </u>	
			□ <b>S</b> .			
	Column Totals		□ <b>S</b> .	492,50	00 🗆 s	<u></u>
	Total Payments Listed (column totals added) .			□ <b>\$</b>	492,5	00
		, FEDERAL SIGNATURE			<del> </del>	
foll	issuer has duly caused this notice to be signed by towing signature constitutes an undertaking by the issect of its staff, the information furnished by the issect.	suer to furnish to the U.S. Securities ar	d Exe	change Com	mission, u	pon written re-
Issu	er (Print or Type)	Signature		I	ate	
	Gravity Aggressive Growth, LLC	JX8300			12/1	8/02
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)			<del></del>	
	James F. Bottoms	Executive Manager				
		<del> </del>				

-ATTENTION-

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), (d), of such rule?		
	See Appe	endix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furn Form D (17 CFR 239.500) at such times as requi		ich this notice is filed, a notice on
3.	The undersigned issuer hereby undertakes to furn issuer to offerees.	ish to the state administrators, upon written requ	uest, information furnished by the
4.	The undersigned issuer represents that the issuer limited Offering Exemption (ULOE) of the state i of this exemption has the burden of establishing	n which this notice is filed and understands that	
	issuer has read this notification and knows the coersigned duly authorized person.	ntents to be true and has duly caused this notice	to be signed on its behalf by the
ssu	er (Print or Type)	Signature	Date
	Gravity Aggressive Growth, LL	c /s/ James F. Bottoms	12/18/02
Jan	ne (Print or Tyne)	Title (Print or Type)	

**Executive Manager** 

## Instruction:

James F. Bottoms

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1

1	1		3		5					
	Intend to non-ac investors (Part B.	to sell ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item1)	Number	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL	165	X	\$10,000,000	Anvestors	12IIIV4II	IIIVESCOTO	Amount	103	X	
AK										
AZ							· · · · · · · · · · · · · · · · · · ·			
AR			·							
CA										
со										
СТ										
DE										
DC										
FL		X	\$10,000,000				·		X	
GA		Х	\$10,000,000						Х	
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IA					<b>-</b>	-				
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KY	ļ	+		<del> </del>						
LA	<del> </del>									
ME		-		-				-		
MD	<del> </del>	-						<del> </del>		
MA							<u> </u>	<del> </del>		
MI	+			<del> </del>		-		<del> </del>	-	
MN				-	1			<del>                                     </del>		
MS	+	-			<del> </del>			<del>                                     </del>	<b></b>	
МО	<u> </u>		_1		<u> </u>		<u> </u>	<u> </u>	L	

1				APR	ENDIX			. The sales has required			
1	Intend to non-ac	ccredited	Type of security and aggregate offering price offered in state (Part C-Iteml)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT			,								
NE											
NV											
NH											
NJ											
NM											
NY							· · · · · · · · · · · · · · · · · · ·				
NC											
ND							<del></del>	<u> </u>			
ОН							· · · · · · · · · · · · · · · · · · ·				
ОК											
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PA											
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